Fill	in this informatio	n to identify	your case and th	nis filine	g:			
		arl A. Malin						
Deb		st Name aylor R. Ma		Name	Last Name			
(Spo		st Name		Name	Last Name			
Unit	ed States Bankrup	tcy Court for	the: EASTERN	DISTR	ICT OF MICHIGAN			
Cas	e number <u>19-49</u>	9218-pjs						☐ Check if this is an amended filing
_	icial Form		_					12/15
Part		ny legal or eq	quitable interest in a		Estate You Own or Have an Interest In lence, building, land, or similar property?			
1.1	30652 Sarah M	Jolian Dr		Wha	t is the property? Check all that apply			
	Street address, if availa		scription		Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of	of any secure	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
	Chesterfield	MI	48051-0000		Land	Current valuentire prope	erty?	Current value of the portion you own?
	City	State	ZIP Code		Investment property Timeshare Other	Describe the		\$209,000.00 our ownership interest ancy by the entireties, or
				Who	has an interest in the property? Check one	a life estate	, if known.	
				ᆜ	,	Entireties		
	Macomb			Ц	Debtor 2 only			
	County				Debtor 1 and Debtor 2 only	☐ Check i	f this is com	
								munity property
					At least one of the debtors and another r information you wish to add about this ite	(see instr	ructions)	imunity property

	otor 1 Karl A. Malinchak otor 2 Taylor R. Malinchak		Cas	se number (if known)	19-4	9218-pjs
	If you own or have more than one, list here:):				
1.2			t is the property? Check all that apply			
	3 vacant lots in Elmira, Michigan		Single-family home			ims or exemptions. Put I claims on Schedule D:
	Street address, if available, or other description					ns Secured by Property.
			Condominium or cooperative			
			Manufactured or mobile home			
			Land	Current value of t entire property?	he	Current value of the portion you own?
	City State ZIP Code		Investment property	\$1,000	0.00	\$1,000.00
			Timeshare			
			Other Vacant lots			our ownership interest ancy by the entireties, or
		Who	has an interest in the property? Check one	a life estate), if kn	own.	
				Entireties		
	Antrim		Debtor 2 only			
	County			☐ Check if this	is com	munity property
			At least one of the debtors and another	(see instructions		
			er information you wish to add about this it erty identification number:	em, such as local		
		Par	cel Nos. ending in xx69, 70 and 71			
3. (Describe Your Vehicles You own, lease, or have legal or equitable intereseone else drives. If you lease a vehicle, also reporters, vans, trucks, tractors, sport utility vehicles. No Yes Vatercraft, aircraft, motor homes, ATVs and oth examples: Boats, trailers, motors, personal watercraft. No Yes	rt it on s	Schedule G: Executory Contracts and U. prcycles reational vehicles, other vehicles, and	nexpired Leases.	any ve	hicles you own that
	Add the dollar value of the portion you own for pages you have attached for Part 2. Write that not be something to be something to be something the sound that the sound is the sound					\$0.00
	you own or have any legal or equitable interest	t in an	y of the following items?		C	Current value of the
			_		Ċ	oortion you own? Oo not deduct secured laims or exemptions.
I	lousehold goods and furnishings Examples: Major appliances, furniture, linens, china ☑ No	ıa, kitch	enware			
ı	Yes. Describe					
	Household goods and	d furnis	shings		-	\$2,000.00

	ebtor 1 ebtor 2	Karl A. Malin Taylor R. Ma		Case number (if known)	19-49218-pjs
7.	□ No	s: Televisions a	and radios; audio, video, stereo, and digital equipment; comput Il phones, cameras, media players, games	ters, printers, scanners; music c	ollections; electronic devices
			TVs, computers		\$500.00
8.			d figurines; paintings, prints, or other artwork; books, pictures, oions, memorabilia, collectibles	or other art objects; stamp, coin,	or baseball card collections;
	☐ Yes.	Describe			
9.	Example No	ent for sports a es: Sports, photo musical instr	ographic, exercise, and other hobby equipment; bicycles, pool	tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	Tes.	Describe			#000.00
			Golf clubs		\$200.00
10.	■ No		es, shotguns, ammunition, and related equipment		
11.	□ No		lothes, furs, leather coats, designer wear, shoes, accessories		
			Clothing		\$200.00
			Clothing		\$400.00
12.	□ No		ewelry, costume jewelry, engagement rings, wedding rings, hei	rloom jewelry, watches, gems, ς	old, silver
			Jewelry		\$100.00
			Jewelry		\$1,500.00
13.	Example ■ No	m animals //es: Dogs, cats, Describe	birds, horses		
14.	■ No	ner personal ar	nd household items you did not already list, including any formation	health aids you did not list	

Debtor Debtor	-	Malinchak R. Malinchak		Case number (if known)	19-49218-pjs
			s from Part 3, including any entri		\$4,900.00
Part 4:	Describe You	r Financial Assets			
Do you	own or hav	e any legal or equitable int	erest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ N	a <i>mples:</i> Mone o		your home, in a safe deposit box,	and on hand when you file your petiti	on
	instit	king, savings, or other finan	cial accounts; certificates of deposi accounts with the same institution, l	it; shares in credit unions, brokerage l list each.	nouses, and other similar
	o es	······	Institution name:		
		Checking 17.1. savings	Chase xx1931 y and xx0144 xxxx9138		\$774.00
19. No n joi r ■ N	nt venture			ed businesses, including an interes % of ownership:	t in an LLC, partnership, and
Ne No ■ N	gotiable instr n-negotiable o	<i>ument</i> s include personal che	ner negotiable and non-negotiable cks, cashiers' checks, promissory annot transfer to someone by signing the contract of the c	notes, and money orders.	
	amples: Intere	ension accounts ests in IRA, ERISA, Keogh, 4	401(k), 403(b), thrift savings accou	nts, or other pension or profit-sharing	plans
■ Ye	es. List each	account separately. Type of account:	Institution name:		
		401(k)	401(k) with Triple	e, Inc.	\$6,863.00
You	ur share of al amples: Agre		made so that you may continue sel aid rent, public utilities (electric, gas	rvice or use from a company s, water), telecommunications compar	nies, or others
_	es		Institution name or	individual:	
■ N	0		of money to you, either for life or fo	or a number of years)	
	es	Issuer name and descr			
	rests in an e Form 106A/B	ducation IRA, in an accour	nt in a qualified ABLE program, on Schedule A/B: Property	or under a qualified state tuition pro	o gram. page 4

Debtor 1 Debtor 2			Case number (if known)	19-49218-pjs				
26 U.S	S.C. §§ 530(b)(1), 5	529A(b), and 529(b)(1).						
■ No □ Yes	s Ins	stitution name and description. Separately file the record	ds of any interests.11 U.S.C. § 521(c):					
25. Trus t ■ No	ts, equitable or fut	ure interests in property (other than anything listed	in line 1), and rights or powers exe	rcisable for your benefit				
☐ Yes	s. Give specific info	ormation about them						
		ademarks, trade secrets, and other intellectual properain names, websites, proceeds from royalties and licens						
	☐ Yes. Give specific information about them							
	mples: Building peri	and other general intangibles mits, exclusive licenses, cooperative association holding	gs, liquor licenses, professional license	es				
☐ Yes	s. Give specific info	ormation about them						
Money o	r property owed t	o you?		Current value of the portion you own? Do not deduct secured claims or exemptions.				
_	efunds owed to y	ou						
■ No □ Yes		rmation about them, including whether you already filed	the returns and the tax years					
Exar ■ No	 Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information 							
		ne owes you es, disability insurance payments, disability benefits, sic paid loans you made to someone else	k pay, vacation pay, workers' comper	nsation, Social Security				
■ No □ Yes	s. Give specific info	ormation						
	ests in insurance mples: Health, disal	policies pility, or life insurance; health savings account (HSA); cr	edit, homeowner's, or renter's insuran	се				
■ Yes	s. Name the insura	nce company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:				
		Life insurance through employer - term	Taylor Malinchak (wife)	\$0.00				
		Life insurance through debtor-husband's employer - term	Karl A. Malinchak (husband)	\$0.00				
If you	u are the beneficiar eone has died.	y that is due you from someone who has died y of a living trust, expect proceeds from a life insurance	policy, or are currently entitled to rece	vive property because				
■ No □ Yes	s. Give specific info	ormation						
		arties, whether or not you have filed a lawsuit or mad	de a demand for payment					
■ No	•							

Debtor 1 Debtor 2	Karl A. Malind Taylor R. Mali		Case number (if known)	19-49218-pjs
☐ Yes.	Describe each cl	aim		
■ No	contingent and u	inliquidated claims of every nature, including counterclaims	s of the debtor and rights to	set off claims
		ou did not already list		
■ No	ianciai assets ye	d did not aneady not		
☐ Yes.	Give specific info	ormation		
		of all of your entries from Part 4, including any entries for panumber here		\$7,637.00
Part 5: De	scribe Any Busines	ss-Related Property You Own or Have an Interest In. List any real es	state in Part 1.	
=	=	gal or equitable interest in any business-related property?		
■ No. Go	to Part 6. So to line 38.			
□ res. c	50 to line 56.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accou	nts receivable or	commissions you already earned		
□ No				
☐ Yes.	Describe			
		shings, and supplies ated computers, software, modems, printers, copiers, fax machi	ines ruas telephones desks	chairs electronic devices
	Jos. Basilioso iol	and computate, commute, moderne, printere, coprore, tax madein	moo, rago, tolophonoo, acono,	onano, orosionio devidos
□ No □ Yes.	Describe			
40 Machir	nery fivtures ea	uipment, supplies you use in business, and tools of your tr	ade	
	ici y, lixtuico, cq	arphient, supplies you use in business, and tools of your tr	uuc	
□ No □ Yes.	Describe			
41. Invent	orv			
	,			
□ No □ Yes.	Describe			
42. Interes	its in partnershir	os or joint ventures		
	pao. op			
□ No □ Yes.	Give specific info	ormation about them		
		Name of entity:	% of ownership:	
			0/	

Debtor 1 Debtor 2			Case number (if known)	19-49218-pjs
	omer lists, mailing	lists, or other compilations		
□ No. □ Do y	our lists include per	sonally identifiable information (as defined in 11 U.S.C. § 1	01(41A))?	
	□ No □ Yes. Describe	·		
]
44. Any I	business-related p	property you did not already list		
□ No □ Yes	s. Give specific info	rmation		
		of all of your entries from Part 5, including any enti		
Part 6:	Describe Any Farm- a f you own or have an i	and Commercial Fishing-Related Property You Own or Ha nterest in farmland, list it in Part 1.	ve an Interest In.	
		y legal or equitable interest in any farm- or commo	ercial fishing-related property?	
	o. Go to Part 7.			
LI Y	es. Go to line 47.			Current value of the portion you own? Do not deduct secured claims or exemptions.
	animals mples: Livestock, po	oultry, farm-raised fish		
□ No	S			
48. Crop	s—either growing	or harvested		
□ No □ Yes	s. Give specific info	rmation		
49. Farm	and fishing equip	oment, implements, machinery, fixtures, and tools	of trade	
□ No □ Yes	S			
50. Farm	and fishing supp	lies, chemicals, and feed		
□ No				
	[
51. Any 1	farm- and commer	cial fishing-related property you did not already lis	st	
□ No				

Official Form 106A/B

Schedule A/B: Property

Deb Deb	tor 1 Karl A. Malinchak tor 2 Taylor R. Malinchak		Case number (if known)	19-49218-pjs
	Yes. Give specific information			
	L			
52.	Add the dollar value of all of your entries from Part 6, includin for Part 6. Write that number here			
Part	7: Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	oo you have other property of any kind you did not already list	?		
	Examples: Season tickets, country club membership No			
	l Yes. Give specific information			
	·		r	
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
			Į	
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$210,000.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$4,900.00		
58.	Part 4: Total financial assets, line 36	\$7,637.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$12,537.00	Copy personal property to	stal \$12,537.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$222,537.00

Fill in this inform	nation to identify your case:				
Debtor 1	Karl A. Malinchak First Name Mid	dle Name Last Name			
Debtor 2	Taylor R. Malinchak	alo Name			
(Spouse if, filing)		dle Name Last Name			
United States Par	pleruptou Court for the: EASTE	RN DISTRICT OF MICHIGAN			
United States Bai	nkruptcy Court for the: EASTE	AN DISTRICT OF MICHIGAN			
Case number	19-49218-pjs				
(if known)	.,			☐ Check	if this is an
				amend	ded filing
Official Farm	- 100E/E				
Official Form					40/45
		ve Unsecured Claims			12/15
any executory cont Schedule G: Execu Schedule D: Credite	tracts or unexpired leases that could tory Contracts and Unexpired Lease ors Who Have Claims Secured by Pr trinuation Page to this page. If you h	r creditors with PRIORITY claims and Part 2 for c result in a claim. Also list executory contracts o s (Official Form 106G). Do not include any credits operty. If more space is needed, copy the Part yo ave no information to report in a Part, do not file	n Schedule A/B: Pro ors with partially sed u need, fill it out, nu	operty (Official For cured claims that a imber the entries i	rm 106A/B) and on are listed in in the boxes on the
Part 1: List Al	II of Your PRIORITY Unsecured	Claims			
1. Do any credito	ors have priority unsecured claims a	gainst you?			
No. Go to P	Part 2.				
☐ Yes.					
listed, identi much as po	ify what type of claim it is. If a claim has ssible, list the claims in alphabetical or	editor has more than one priority unsecured claim, lis both priority and nonpriority amounts, list that claim der according to the creditor's name. If you have mor articular claim, list the other creditors in Part 3.	here and show both p	priority and nonprior	rity amounts. As
(For an expl	lanation of each type of claim, see the	nstructions for this form in the instruction booklet.)	Total claim	Priority	Nonpriority
2.1.				amount	amount
		Last 4 digits of account number			
Priority Cre	editor's Name				_
		When was the debt incurred?			
Number S	treet City State Zip Code	As of the date you file, the claim is: Check all the	at apply		
		☐ Contingent			
Who incurred	d the debt? Check one.	☐ Unliquidated			
Debtor 1 o	only	☐ Disputed			
Debtor 2 o	only				
Debtor 1 a	and Debtor 2 only				
☐ At least on	ne of the debtors and another	Type of PRIORITY unsecured claim:			
☐ Check if t	his claim is for a community debt	☐ Domestic support obligations			
Is the claim s	subject to offset?	☐ Taxes and certain other debts you owe the gov	/ernment		
□ No	•	☐ Claims for death or personal injury while you w			
		_			
☐ Yes		Other. Specify			_
Part 2: List A	II of Your NONPRIORITY Unsecu	ıred Claims			
3. Do any credito	ors have nonpriority unsecured clain	ns against you?			
☐ No. You hav	ve nothing to report in this part. Submit	this form to the court with your other schedules.			
Yes.					
A Liet all of vers	r nonnriarity uncoured alaims in the	alphabotical order of the creditor who helds are	h claim If a graditar	has more than and	nonpriority
unsecured clair	m, list the creditor separately for each of	 alphabetical order of the creditor who holds eac laim. For each claim listed, identify what type of clain creditors in Part 3.If you have more than three nonp 	n it is. Do not list clain	ns already included	in Part 1. If more

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 8

	Karl A. Malinchak Taylor R. Malinchak		Case number (if known)	19-49218-pjs
4.1	American Express	Last 4 digits of account number	2000	\$15,973.00
	Nonpriority Creditor's Name Customer Care / Bankruptcy P.O. Box 297812 Fort Lauderdale, FL 33329-7812	When was the debt incurred?	2018	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent		
	_	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	a ciaiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce t	hat you did not
	■ No	Debts to pension or profit-shari	ng plans, and other similar del	ots
			31	
	Yes	Other. Specify Consumer	Debt	
4.2	American Express	Last 4 digits of account number	1008	\$10,515.00
	Nonpriority Creditor's Name Customer Care / Bankruptcy P.O. Box 297812 Fort Louderdele, El. 22220, 7812	When was the debt incurred?	2018	
-	Fort Lauderdale, FL 33329-7812 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	hat you did not	
	■ No	Debts to pension or profit-shari	ots	
	Yes	Other Specify Consumer	Debt	
4.3	American Express	Last 4 digits of account number	1003	\$1,103.10
	Nonpriority Creditor's Name Customer Care / Bankruptcy P.O. Box 297812	When was the debt incurred?	2016	
	Fort Lauderdale, FL 33329-7812 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	hat you did not	
	·	Debts to pension or profit-shari	nte.	
	■ No			no.
	☐ Yes	Other. Specify Consumer	Dept	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 8

Debtor 2	Karl A. Malinchak Taylor R. Malinchak		Case number (if known)	19-49218-pjs	
	Best Buy Credit Services	Last 4 digits of account number	4813		\$2,041.00
	Nonpriority Creditor's Name Customer Service/Bankruptcy P.O. Box 790441 Saint Louis, MO 63179	When was the debt incurred?	2015		
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	Yes	Other. Specify Consumer	Debt		
	Chase	Last 4 digits of account number			\$7,973.00
	Nonpriority Creditor's Name P. O. Box 15298 Wilmington, DE 19850-5298	When was the debt incurred?	2014		
_	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	that you did not		
	■ No	☐ Debts to pension or profit-shari	ebts		
	Yes	Other. Specify Consumer	Debt		
4.6	Chase	Last 4 digits of account number			\$15,850.00
	Nonpriority Creditor's Name P. O. Box 15298 Wilmington, DE 19850-5298	When was the debt incurred?	2018		
_	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	□ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	☐ Yes	Other. Specify Consumer	Debt		

	1 Karl A. Malinchak 2 Taylor R. Malinchak		Case number (if known)	19-49218-pjs	
4.7	Chase	Last 4 digits of account number	,		\$6,842.00
	Nonpriority Creditor's Name P. O. Box 15298	When was the debt incurred?	2014		<u> </u>
	Wilmington, DE 19850-5298 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sep	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-shari		ebts	
	Yes	Other. Specify Consumer	Debt		
4.8	Citi Cards Nonpriority Creditor's Name	Last 4 digits of account number	4053		\$2,600.00
	P. O. Box 6500 Sioux Falls, SD 57117	When was the debt incurred?	2018		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	that you did not		
	■ No	Debts to pension or profit-shari	ebts		
	Yes	Other. Specify Consumer	Debt		
4.9	Citi Cards	Last 4 digits of account number			\$4,844.00
	Nonpriority Creditor's Name P. O. Box 6500	When was the debt incurred?	2018		
	Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	_	-			
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	☐ Yes	·	•		
	L 165	Other. Specify Consumer	Deni		

	Karl A. Malinchak Taylor R. Malinchak		Case number (if known)	19-49218-pjs		
4.1	Citi Cards Nonpriority Creditor's Name P. O. Box 6500 Sioux Falls, SD 57117	Last 4 digits of account number When was the debt incurred?	8436 2018	_	\$3,464.00	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one. ☐ Debtor 1 only	_				
	■ Debtor 2 only	☐ Contingent ☐ Unliquidated				
	□ Debtor 1 and Debtor 2 only	☐ Uniiquidated ☐ Disputed				
	☐ At least one of the debtors and another					
	☐ Check if this claim is for a community	Type of NONPRIORITY unsecure ☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts		
	Yes	Other. Specify Consumer	Debt			
4.1	Citi Cards	Last 4 digits of account number	8089		\$4,844.00	
	Nonpriority Creditor's Name P. O. Box 6500 Sigury Follo, SD 57117	When was the debt incurred?	2018			
	Sioux Falls, SD 57117 Number Street City State Zip Code	As of the date you file, the claim				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure				
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts				
	□ Yes	Other. Specify Consumer Debt				
4.1	Comenity Bank (Gardner White)	Last 4 digits of account number	1081		\$648.00	
	Nonpriority Creditor's Name	-				
	Bankruptcy Dept. P.O. Box 182125 Columbus, OH 43218-2125	When was the debt incurred?	2010			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separate of the control of the co				
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts				
	No			edts		
	Yes	Other. Specify Consumer				

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor Debtor	Karl A. Malinchak Taylor R. Malinchak		Case number (if known)	19-49218-pjs	
4.1	Discover	Last 4 digits of account number	0117		\$9,650.00
	Nonpriority Creditor's Name DFS Services, LLC P.O. Box 3025 New Albany, OH 43054-3025	When was the debt incurred?	2014		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	a community ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not			
	☐ Check if this claim is for a community				
	debt Is the claim subject to offset?				
	■ No				
	Yes	Other. Specify Consumer	Debt		
4.1	Home Depot Credit Services	Last 4 digits of account number			\$2,470.00
	Nonpriority Creditor's Name P. O. Box 790328	When was the debt incurred?	2015		
	Saint Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Consumer Debt			
4.1 5	St. John Hospital & Medical Center	Last 4 digits of account number	6756	_	\$300.00
	Nonpriority Creditor's Name P.O. Box 50871	When was the debt incurred?	2018		
	Kalamazoo, MI 49005 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	,	or or on a surface of the surface of		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Consumer	Debt		

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Debtor 2	Karl A. Malinchak Taylor R. Malinchak		Case number (if known) 19-49218-	ojs	
4.1	Synchrony Bank (GAP)	Last 4 digits of account number	0986	\$584.00	
	lonpriority Creditor's Name Bankruptcy Department P.O. Box 965060	When was the debt incurred?	2016	_	
1	Orlando, FL 32896-5060 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
_	Who incurred the debt? Check one.	_			
_	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
c	☐ Check if this claim is for a community lebt sthe claim subject to offset?		☐ Obligations arising out of a separation agreement or divorce that you did not		
_	<u> </u>	report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts			
	■ No				
L	Yes	Other. Specify Consumer	Dept	_	
• 1	Synchrony Bank (Lowe's) Nonpriority Creditor's Name	Last 4 digits of account number	3647	\$3,317.00	
E F	Bankruptcy Department P.O. Box 965060	When was the debt incurred?	2015	_	
1	Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
_	☐ Debtor 1 only	☐ Contingent			
_	■ Debtor 2 only	☐ Unliquidated			
_	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
_	☐ Check if this claim is for a community	☐ Student loans			
c	lebt s the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	paration agreement or divorce that you did not		
I	No	Debts to pension or profit-shari	ing plans, and other similar debts		
[☐ Yes	Other. Specify Consumer	Debt	_	
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed			
is trying have m	page only if you have others to be notified g to collect from you for a debt you owe to s ore than one creditor for any of the debts th for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor i nat you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the collection agend	y here. Similarly, if you	
Name and		On which entry in Part 1 or Part 2 did yo	_		
Citibank 701 Eas	st 60th Street North		Part 1: Creditors with Priority Unsecured Cla		
	alls, SD 57117	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured	Claims	
Name and	I Address n, Weinberg & Reis Co, LPA	On which entry in Part 1 or Part 2 did yo Line 4.13 of (Check one):	u list the original creditor? Part 1: Creditors with Priority Unsecured Cla	aims	
Suite 20		•	Part 2: Creditors with Nonpriority Unsecured	d Claims	
Troy, M	I 4 0U0 4	Last 4 digits of account number			
Name and	I Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?		
	& Associates	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Cla	aims	
Suite 10 Troy, M		•	Part 2: Creditors with Nonpriority Unsecured	d Claims	
i i Oy, ivi	1 1 0000	Last 4 digits of account number			

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Karl A. Malinchak Debtor 2 Taylor R. Malinchak		Case number (if known)	19-49218-pjs	
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?		
Zwicker & Associates	Line 4.2 of (Check one):	☐ Part 1: Creditors with Prior	ity Unsecured Claims	
320 East Big Beaver Road Suite 100 Troy, MI 48083		Part 2: Creditors with Nonp	oriority Unsecured Claims	
,eeee	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?		
Zwicker & Associates	Line 4.3 of (Check one):	☐ Part 1: Creditors with Prior	ity Unsecured Claims	
320 East Big Beaver Road Suite 100 Troy, MI 48083		■ Part 2: Creditors with Nonp	priority Unsecured Claims	
	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
T.	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 93,018.10
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 93,018.10